F9700000961

| (Re | questor's Name) | |
|--|------------------|-------------|
| CORPORATION GUARANTEE AND TRUST COMPANY 3331 STREET ROAD, SUITE 110 BENSALEM, PA 19020-2045 1-800-563-6131 | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

JUN 12 n

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change is submitted for a corporation organized under the laws of the State of New in order to change its registered office or registered agent, or both, in the State of Florida. | |
|---|--|
| 1. The name of the corporation: MERRITT & HARRIS, INC. | |
| 2. The principal office address: 90 John Street Suite 503, New York, NY 10 | 038-3241 |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: February 24, 1997 Document number: F970000 | 00961 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) | he |
| Edwin F. Blanton | |
| 810 Thomasville Road | ##0 *Laces |
| Tallahassee, FL 32303 | (1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | ı |
| 610 Summerbrooke Drive | |
| P.O. Box NOT acceptable Tallahassee, FL 32312 | |
| The street address of its registered office and the street address of the business office of its regas changed will be identical. | gistered agent, |
| Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change. | cer so |
| Edwin F. Blanton, Registered Printed or typed name and title | ed Agent |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complet performance of my duties, and I am familiar with and accept the obligation of my position as a agent. Or, if this document is being filed merely to reflect a change in the registered office an hereby confirm that the corporation has been notified in writing of this change. | e registered ldress, I |
| Signature of Registered Agent Signature of Registered Agent | |
| If signing on behalf of an entity: | |
| Typed or Printed Name * * * FILING FEE: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)